

MOHAMED RIAD HAJMURAD, M.D. on 09/16/2020

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA

JERRY MCKINNEY, SR.

Plaintiff

VERSUS

RAPIDES PARISH SHERIFF'S OFFICE AND SHERIFF
WILLIAM EARL HILTON

Defendants

Case No. 1:19-cv-01339-DDD-JPM

Judge Dee Drell

Deposition of DR. MOHAMED RIAD
HAJMURAD, on Wednesday, September 16, 2020 via
Zoom videoconference.

REPORTED BY:

Lori L. Marino
Certified Court Reporter



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| <p>1 consult sheet in his chart.</p> <p>2 Q Okay.</p> <p>3 A I see him almost five times. So he</p> <p>4 probably stayed five days in the hospital.</p> <p>5 Q What was his diagnosis, Doctor?</p> <p>6 A Stroke.</p> <p>7 Q What type of stroke?</p> <p>8 A It is embolic stroke, you know. It's</p> <p>9 just stroke, you know, affecting the brain and</p> <p>10 causing him to have this problem.</p> <p>11 Q It was an embolic stroke?</p> <p>12 A Embolic.</p> <p>13 Q Embolic stroke.</p> <p>14 A It went to the brain and causing him</p> <p>15 to have this issue.</p> <p>16 Q It wasn't a cerebellar stroke. Was</p> <p>17 it?</p> <p>18 A No, cerebellar is the posterior</p> <p>19 circulation. It is in the front, the anterior</p> <p>20 circulation.</p> <p>21 Q Right. I just want to make sure I'm</p> <p>22 clear. This was not a cerebellar stroke?</p> <p>23 A No, not cerebellar stroke. Blood</p> <p>24 clot. Double L.</p> <p>25 Q Double L?</p> | <p>Page 10</p> <p>1 So here he had typically what looked</p> <p>2 like affecting his speech, and he has mild</p> <p>3 motor function, which is improved over the</p> <p>4 time; but the speech still having some issue</p> <p>5 with stuttering a little bit.</p> <p>6 Q Am I correct, Doctor, that once</p> <p>7 someone has a stroke, from that point moving</p> <p>8 forward, they generally improve.</p> <p>9 A Yes --</p> <p>10 Q It's not a situation -- I'm sorry.</p> <p>11 Is that correct?</p> <p>12 A Yes. They improving depending on</p> <p>13 where it's located, the stroke is large and</p> <p>14 also depending on the location. He does not</p> <p>15 have large stroke. Okay, like make him</p> <p>16 impaired. He does not have significant motor</p> <p>17 deficit. He does have affecting the speech,</p> <p>18 and his comprehension is good. It's affecting</p> <p>19 a little bit. If I were to mention, I can</p> <p>20 probably tell you that he had even -- because</p> <p>21 as I told you, sometimes, you can have silent</p> <p>22 stroke, tiny stroke in the brain. He had it</p> <p>23 previously, because the records show that he</p> <p>24 had mild scattered chronic ischemic deep white</p> <p>25 matter disease. That means he's been having,</p> |
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| <p>1 day-to-day bases?</p> <p>2 A Yes. I try to function on daily 3 basis, yes.</p> <p>4 Q Let's go through the next one.</p> <p>5 What's the next time you see him, Doctor?</p> <p>6 A Okay, the next time I saw him. I saw 7 him on the 5/23/18.</p> <p>8 Q Okay. Tell me what happened on that 9 visit.</p> <p>10 A He came. He said that he's been 11 doing fine, has not had any problem. His 12 motor function is back to normal. He's been 13 having some headaches. I felt like maybe, it 14 was muscle tension headache, and that he 15 doesn't want to be on medication. He doesn't 16 want to be on the medicine for the headache, 17 and he's still having the issue of blood 18 pressure, and that basically -- he did not 19 have any problem. As I mentioned that day, 20 there's no shortness of breath, no difficulty 21 swallowing, no weakness, no tingling 22 sensation, nothing else.</p> <p>23 Q So, at that visit, which is May 23, 24 '18, you indicated he's almost back to normal 25 baseline. Right?</p> | Page 22 | Page 24 |
| <p>1 A Back to baseline, yes.</p> <p>2 Q And this is about six months after 3 his stroke. Right?</p> <p>4 A Yes.</p> <p>5 Q That would comport to what we talked 6 about earlier, that 90 percent of patients 7 with small strokes get back to baseline in 8 about six months.</p> <p>9 A That is generally speaking because of 10 the size of the stroke that he had. I put in 11 my impression, he still have some residual 12 excessive aphasia but is improving.</p> <p>13 Q Doctor, in this visit, he doesn't 14 mention anything about being sensitive to loud 15 noises. Correct?</p> <p>16 A He did not mention it, no.</p> <p>17 Q And, in fact, Doctor, up until this 18 point since his stroke in November of 2017 all 19 the way until May 23rd of '18, there's nothing 20 in your records that he indicated he was 21 having any kind of problems with loud noises. 22 True?</p> <p>23 A No. No.</p> <p>24 Q True, meaning you agree with me?</p> <p>25 A Yes. Yes. Yes. I agree with you.</p> | Page 23 | Page 25 |
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| <p>1 that if he can't be around noises, you 2 wouldn't expect him to be shooting weapons. 3 Right? 4 A While doing work? 5 Q Yeah. 6 A I don't know how they do it, but I 7 thought that maybe, when he go for training, 8 he has to shoot this thing, and it might cause 9 the noises. He told me that doing what he is 10 working, there's a lot of noises, and it's 11 irritating him. 12 Q So certainly, Doctor, if he's 13 irritated by noises, you wouldn't expect 14 somebody irritated by noises to be shooting 15 weapons. Right? 16 A He should not, yes. 17 Q Did Mr. McKinney tell you that 18 despite what he told you here in July of '18 19 that he had actually been shooting weapons? 20 Did he disclose that to you? 21 A I did not go into detail about this. 22 Q I'm going to share a document with 23 you? Take a look at your screen, Doctor. 24 A I got it. Yes. Not allowed to shoot 25 any gun, yes.</p> | <p>Page 26</p> <p>1 noises, right, and you're writing 2 prescriptions he's not to shoot; and then, 3 he's out there shooting a thousand rounds, 4 that leads me to believe that perhaps, he's 5 not being honest about his ability to be 6 around loud noises. What does it tell you? 7 A To some extent, yeah, I agree with 8 you, you know, yes. 9 Q Because what he's telling you is 10 subjective. Right? He's telling you 11 subjectively he can't be around loud noises. 12 True? 13 A Yes. Yes. 14 Q But if the facts show he's shooting a 15 thousand rounds, more probably than not, he 16 can be around loud noises. Correct? You 17 agree with me, Doctor? 18 A Yes, I agree. I'm taking this 19 picture out. 20 Q We're going to take it off. 21 A Thank you. 22 Q Let's go further, Doctor -- and then, 23 when you said at the bottom -- look at that. 24 A lot of noises -- 25 A He told me that he doesn't want to</p> |
| <p>1 Q So you wrote that saying he's not 2 allowed to shoot a gun. Right? 3 A Yes. 4 Q And you would expect if you provided 5 that to Mr. McKinney, that he would follow 6 your orders. Right? 7 A Yes. 8 Q Did you know, Doctor, that after you 9 wrote that document, he shot a gun? 10 A I don't know what he did. You know, 11 I don't know. Cannot keep up with every 12 patient, what they doing. 13 Q Doctor, would it surprise you that 14 Mr. McKinney admitted in deposition on Monday 15 that he shot 1,000 rounds of ammunition after 16 you wrote this prescription? 17 A Okay. I don't know. No, I'm not 18 aware of it. 19 Q No, but does that surprise you that 20 somebody who said -- 21 A That surprise me, because he should 22 not, because I wrote prescription he is not 23 allowed to shoot a gun. 24 Q And, Doctor, what kind of struck me 25 is if somebody is telling you I'm sensitive to</p> | <p>Page 27</p> <p>1 shoot a gun, and he shot like almost one 2 thousand rounds. So what is the -- why he did 3 it? 4 Q That's my question, Doctor. That's 5 my question, Doctor, because from the 6 Sheriff's Office position, he was going to the 7 range -- he admitted on Monday. He was going 8 to the range, shooting weapons, a thousand 9 rounds. Never informed the officers that he 10 had a prescription not to shoot and admitted 11 that it was a danger to himself and a danger 12 to the other officers. Would you agree with 13 that? 14 A When he told me about this, I was 15 worried about him. So I told him he should 16 not shoot the gun. Especially he has blood 17 pressure and previous stroke, and he told me 18 that he's sensitive to noise. So I give him 19 this prescription. 20 Q Right, and the prescription you gave 21 him, Doctor, it says, for that reason, I will 22 give him an excuse to continue what he's doing 23 now. That's what you wrote in your -- 24 A Yeah, to continue his work but not to 25 shoot a gun, yes.</p> |

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| <p>1 Q Right, but you -- okay, but my point 2 is had you known that he was out there 3 shooting weapons, you wouldn't have given him 4 this excuse?</p> | Page 30 | <p>1 syndrome, and he had some arthritis in his 2 neck, you know, some arthritis. That's it --</p> |
| <p>5 A No, I did not know about it.</p> | Page 32 | <p>3 Q Nothing significant? I'm sorry. I 4 cut you off, Doctor. I cut you off. Sorry.</p> |
| <p>6 Q Right? You wouldn't have done that?</p> | Page 32 | <p>5 A He has carpal tunnel and some 6 arthritis in the neck we call cervical 7 spondylosis, but it's not significant for me 8 to indicate further approach, like, you know, 9 to do surgery or to do more things.</p> |
| <p>7 A No, I did not know about it.</p> | Page 32 | <p>10 Q Doctor, you never gave him a</p> |
| <p>8 Q You wouldn't have placed other 9 officers in danger by placing a prescription 10 for something that you didn't have all the 11 facts about.</p> | Page 32 | <p>11 Q disability rating. Correct?</p> |
| <p>12 A Yes.</p> | Page 32 | <p>12 A No, I did not. He wanted to go back 13 to work. I told him if you change your job, a 14 little bit position and do some other things, 15 you can, you know, it's good for you, rather 16 than be disabled.</p> |
| <p>13 Q So let's go forward. I think you 14 actually wrote a letter on that same day, 15 Doctor, July 31, 2018. Do you see that 16 letter?</p> | Page 32 | <p>17 Q Right. I understand, and that's 18 based upon what he was telling you, as well, 19 what his symptoms were?</p> |
| <p>17 A If it's somewhere in my record 18 probably I have it. Okay. July 31st, I have,</p> | Page 32 | <p>20 To whom it my concern: The patient has</p> |
| <p>21 history of bilateral hemispheric CVA. On</p> | Page 32 | <p>22 aspirin. He has not been able to function on</p> |
| <p>23 full active condition. He needs some</p> | Page 32 | <p>24 sedentary type work. He has been having</p> |
| <p>25 problems feeling comfortable, and he is</p> | Page 32 | <p>25 worried about that endangering himself because</p> |
| <p>1 of the inmate whatever. So I told him, okay, 2 they can switch you to something else 3 different, because he has high blood pressure. 4 Sometimes, high blood pressure can trigger a 5 stroke.</p> | Page 33 | <p>1 much it is bad, because I can look at the</p> |
| <p>5 Q Then, you say he has hypersensitivity 6 to loud noises. So he's not been able to</p> | Page 33 | <p>2 number. (Witness peruses document.) Not bad</p> |
| <p>7 shoot. That's what he told you. Right?</p> | Page 33 | <p>3 at all. It is very mild.</p> |
| <p>9 A Yes. That's what he told me based on</p> | Page 33 | <p>4 Q Very mild?</p> |
| <p>10 what he's telling me.</p> | Page 33 | <p>5 A Very mild.</p> |
| <p>11 Q I understand, but now, that you know 12 he was shooting weapons, you would retract</p> | Page 33 | <p>6 Q What happens next, Doctor? What's</p> |
| <p>13 that statement?</p> | Page 33 | <p>7 the next visit?</p> |
| <p>14 A Probably, yeah, I will.</p> | Page 33 | <p>8 A Saw him on follow-up visit November</p> |
| <p>15 Q When's the next time you saw him or 16 the next report or testing that was done?</p> | Page 33 | <p>9 '18, November 27, '18.</p> |
| <p>17 A He told me that he's been having --</p> | Page 33 | <p>10 Q Let me back up a little bit, Doctor.</p> |
| <p>18 when he came also, because he told me he's</p> | Page 33 | <p>11 I have in my records a Brain Stem Auditory</p> |
| <p>19 been having numbness in his arm.</p> | Page 33 | <p>12 Evoked Response?</p> |
| <p>20 Q Okay.</p> | Page 33 | <p>13 A That's for the hearing.</p> |
| <p>21 A Concern and worried about he's been</p> | Page 33 | <p>14 Q We talked about it. I just want to</p> |
| <p>22 having stroke or anything. So I did nerve</p> | Page 33 | <p>15 make sure for the record that I have it in</p> |
| <p>23 conduction study on him.</p> | Page 33 | <p>16 here. That happened on August 24, '18?</p> |
| <p>24 Q Okay.</p> | Page 33 | <p>17 A He told me having problem with this</p> |
| <p>25 A Found out that he had carpal tunnel</p> | Page 33 | <p>18 hearing issue. So I said, let's check the</p> |
| <p>10 Q Okay.</p> | Page 33 | <p>19 eighth nerve, which the eighth nerve is</p> |
| <p>11 A Concern and worried about he's been</p> | Page 33 | <p>20 usually combined nerve for the hearing and for</p> |
| <p>12 having stroke or anything. So I did nerve</p> | Page 33 | <p>21 the balance, and it came back normal to me.</p> |
| <p>13 Q Okay.</p> | Page 33 | <p>22 Q That came back normal at 80 decibels.</p> |
| <p>14 A Concern and worried about he's been</p> | Page 33 | <p>23 Right?</p> |
| <p>15 A Concern and worried about he's been</p> | Page 33 | <p>24 A Yes, sir.</p> |
| <p>16 Q Okay.</p> | Page 33 | <p>25 Q You would agree with, me Doctor, that</p> |

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1 simple things, like running water is less than
 2 80 decibels? The sound of just running water
 3 in your kitchen is less than 80 decibels.

4 Right?

5 A Yes. What we do, what the decibel we
 6 do depending on their hearing threshold,
 7 sometimes people they cannot send signals, and
 8 we tell them what they will hear. Some
 9 people, they hear it at 50 decibel. Some of
 10 them, they hear at 80 decibel, which is
 11 normal. Sometimes, if they have hearing
 12 problem, they will hear it like 105 decibel,
 13 but we check not only decibel. We check on
 14 the latency of the wave form, and we check on
 15 the amplitude of the wave form, and it was
 16 normal.

17 Q I understand, okay. So there is no
 18 objective findings that Mr. McKinney has any
 19 sensitivity to loud noises?

20 A No, it is not. We checked the cable
 21 of the nerve.

22 Q I see, and the cable of the nerve
 23 showed it was normal?

24 A So far so good.

25 Q Let's move forward, Doctor. So let

1 me just make sure. That test that you did is
 2 contrary to his statement that he was
 3 sensitive to loud noises, because the results
 4 of the test came back normal?

5 A Yes. Yes.

6 Q Let's go to the next time you saw
 7 him.

8 A November 27, '18.

9 Q Tell me what happens November 27,
 10 '18.

11 A Patient came in and said he still
 12 having problem with stuttering and problem
 13 handling the loud noises and making him very
 14 irritable and cause him to have headaches, and
 15 sometimes, he dizzy from it; and when we did
 16 the Brain Stem Auditory Evoked Response, and
 17 it came back normal. Said that, you know,
 18 sometimes, he get very nervous, agitated
 19 around loud noises if there is a lot of crowd
 20 people.

21 Q He told you also, Doctor, that he
 22 wanted to be in an administrative position and
 23 away from loud noises. Right?

24 A That's what he told me. He would
 25 like to change job, position.

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1 Q Did he tell you what kind of job he
 2 was doing at that point in time?
 3 A I don't know. He said he watching
 4 guard, inmate or something. I don't know what
 5 he's doing.

6 Q And so, Doctor, so did you then write
 7 a letter for him on that date? Well, let me
 8 ask you this, Doctor: What were his symptoms,
 9 his neurologic symptoms on that visit? How
 10 was he doing?

11 A We checked him, and examination is
 12 the same. Everything is looked good, you
 13 know. Basically, I don't see anything deficit
 14 at that time when we checked him.

15 Q Kind of back to baseline, like we
 16 talked about in May?

17 A Yes. Yes.

18 Q Tell me, Doctor, then, you wrote him
 19 a letter on that same day. Do you recall
 20 doing that?

21 A Do you have it?

22 Q Yeah, you want me to pull it up for
 23 you, Doctor?

24 A I'll read it. So I can tell you what
 25 we have. It should be here. This is dated

Page 35

Page 37

1 November 27, 2018.

2 Q Correct.

3 A Okay, I have it here.

4 Q Did you give that letter to anyone,
 5 Doctor?

6 A Yeah. I have it here in front of me.
 7 To whom it may concern. Patient has bilateral
 8 CVA. Repeat MRI showed him to have minimal
 9 petechial hemorrhage in the frontal area.
 10 Neurologically stable. He is to continue his
 11 medication. Because of his neurological
 12 status, he probably need to work in an
 13 administrative setting with no loud noises.
 14 He is to do eight hours. No stress to prevent
 15 from his blood pressure to go up. Especially
 16 with his previous stroke, and regarding his
 17 weakness, we feel like he have some
 18 improvement, because I felt like the nerve
 19 conduction study showed mild carpal tunnel.
 20 It's not significant, and that's it.

21 Q Why did you write this letter,
 22 Doctor?

23 A He asked me probably to want me to
 24 write it.

25 Q Do you know what he did with it?

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| | Page 38 | | Page 40 |
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| 1 | A No. | 1 | frankly, I'm going to tell him, okay, if you |
| 2 | Q Did he ever ask you to contact the | 2 | are shooting, you know, why I have to give you |
| 3 | Sheriff's Office and have any discussion with | 3 | this letter? |
| 4 | them about this letter? | 4 | Q That's my point. |
| 5 | A I don't interfere with these things. | 5 | A I don't want to put myself in a bad |
| 6 | They told me, and I write it, and I send it to | 6 | position, you know. It would be a double |
| 7 | them, and wherever he want to give it, I don't | 7 | standard frankly. |
| 8 | know where it went. | 8 | Q Got it, because he needs to be honest |
| 9 | Q Did you know, Doctor, -- | 9 | with you. Right? |
| 10 | A I did not address it to anybody. I | 10 | A Exactly. |
| 11 | said to whom it may concern. | 11 | Q If he's honest with you, we don't |
| 12 | Q I understand, but was it your | 12 | write this letter. Right? |
| 13 | understanding he was going to give this to the | 13 | A No. I told him tell them that you |
| 14 | Sheriff's department? | 14 | cannot do it, and this is the letter from me |
| 15 | A I really don't know. I don't | 15 | that he should not do it. |
| 16 | remember, because it's a long-time ago. | 16 | Q Understood, but I'm saying had you |
| 17 | Q I understand, Doctor, at the time you | 17 | known he was shooting all that, and he was |
| 18 | wrote the letter, he didn't tell you he had | 18 | being honest with you, then, you -- |
| 19 | been shooting weapons. Right? | 19 | A No. No. If he does it, if he does |
| 20 | A No, he did not. | 20 | it, I will not give him the letter. |
| 21 | Q You didn't know that. Now, that we | 21 | Q That's my point. Had known he was |
| 22 | know -- and I'll be more specific. From our | 22 | shooting weapons, you would not have given him |
| 23 | deposition on Monday, these thousand rounds | 23 | this letter? |
| 24 | that he shot, he shot in March. He shot again | 24 | A No, I would not. |
| 25 | in July, and then, he shot in October, and he | 25 | Q You agree with me? |
| | Page 39 | | |
| 1 | also shot in November right before you wrote | 1 | A Yes. |
| 2 | this letter. Had you known that he was | 2 | Q The next thing, Doctor, there was |
| 3 | shooting all those rounds of ammunition at the | 3 | a -- I'm just curious what this is. It looks |
| 4 | range, would you have written this to the | 4 | like there was a phone call that came in. I |
| 5 | Sheriff's office that he probably needs to | 5 | don't know if you have it in front of you, |
| 6 | work in administrative work with no loud | 6 | maybe, from his wife, asking that you get that |
| 7 | noises? | 7 | letter to him -- they needed it by November 30 |
| 8 | A I would advise him he should not have | 8 | of '18. Do you recall that happening? |
| 9 | double standards, do this and do this. | 9 | A Usually, I have it in color. Let me |
| 10 | Although, he will tell them that I cannot do | 10 | see. I don't have it. Hold on. Let me see, |
| 11 | it, or, you know -- anyway, I will give him | 11 | because usually any message would be in green. |
| 12 | the letter, and it's up to him. He should not | 12 | Here, she send me -- there is a paper. Let me |
| 13 | do it behind me, and he should tell me that | 13 | see. She want the letter regarding this -- |
| 14 | I'm doing these things. I understand I give | 14 | hold a second. She gave me a paper requesting |
| 15 | him this letter to help him to not to do these | 15 | that he need to work eight hours |
| 16 | things. | 16 | administrative sitting. No noises tolerated. |
| 17 | Q I understand, but, Doctor, had you | 17 | That's physically, and they need a letter |
| 18 | known that he was shooting weapons -- | 18 | regarding this. That's what she told me. |
| 19 | A No, no, I did not. | 19 | Q Who told you that? |
| 20 | Q I know you didn't, but had you known | 20 | A Apparently, she called the nurse |
| 21 | that, you wouldn't have written anything | 21 | here, because the girls here in the office, |
| 22 | indicating that he was sensitive to loud | 22 | she said that Dr. Hajmurad did a letter on |
| 23 | noises if the objective facts show he's | 23 | this patient 11/27, and they needed it by |
| 24 | shooting weapons. | 24 | Friday on 11/30/18. |
| 25 | A No, I would not write it, because | 25 | Q I guess my question to you, Doctor, |
| | Page 41 | | |

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1 is they asked you to write this letter. You
 2 just didn't write it on your own.
 3 A I don't remember, sir.
 4 Q I understand. And Doctor, last thing
 5 I have is, and I think I understand, but for
 6 purposes of assuming even if he did have some
 7 hypersensitivity to loud noises, that is
 8 something that would not be related to any
 9 kind of a stroke?

10 A No, it should not. No.

11 MR. RICHARDSON:

12 That's all the questions, I
 13 have, Doctor. I will turn it over to
 14 Mr. Lansen if he has anything.

15 EXAMINATION

16 BY MR. LANSER:

17 Q Good afternoon, Doctor. So I'm Dave
 18 Lansen, one of the attorneys for Mr. McKinney.
 19 I just have a few clarifying questions here.
 20 So going back to what we were talking about
 21 with him shooting weapons at the range, would
 22 you agree that even if you have an
 23 irritability or sensitivity to loud noises,
 24 it's possible to mitigate the effects of those
 25 if you're wearing earplugs or noise canceling

1 headphones or a device like that?

2 A Well, frankly, I cannot answer the
 3 question, because I never do it. I never did
 4 it. So I don't know how much the ear block
 5 can prevent the noises, but no matter what, I
 6 think it should affect the ear noises. It's
 7 going to cause some loud noises.

8 Q Sure.

9 A How much, I don't know, because I
 10 never been in the situation to tell you how
 11 much affect the noises.

12 Q By the situation, you mean you've
 13 never shot a gun at the range?

14 A Never. Never. I never. I don't
 15 know how.

16 Q Well, let's just say for loud noises
 17 in general, if you're wearing noise canceling
 18 headphones, would that help your sensitivity
 19 toward those noises in that instance?

20 A It will decrease it significant, yes.
 21 Of course, it will decrease it.

22 Q Sure.

23 A I think it's what is the thing,
 24 feeling that probably, you know, it is when he
 25 is sitting in the crowd, a lot of talking, a

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1 lot of noises, it's like it's making him a
 2 little bit irritable and making his
 3 sensitivity to the noises is a little bit more
 4 prominent compared to the other people, but
 5 again, I don't think it has anything to do
 6 with the stroke.

7 Q Okay, that's fine. But you know, in
 8 any circumstance, if you know there's going to
 9 be -- I realize there's a baseline. When
 10 there's a crowd or something like that, he
 11 might be more irritable with the loud noises,
 12 but if there's an instance where he can put on
 13 the noise canceling headphones or something
 14 like that for a short period of time or, that
 15 would help while he has the headphones on. Is
 16 that correct?

17 A I told you, I don't know how much it
 18 is the cancellation noise. You know what I'm
 19 saying?

20 Q Sure.

21 A I haven't tried it. So I don't know.
 22 I cannot answer this question.

23 Q Okay, that's fine. When you
 24 mentioned earlier, I believe it was during the
 25 May visit where he was back to a normal

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1 baseline, when you evaluate someone and
 2 determine they're back at a normal baseline,
 3 does that mean they're a hundred percent back
 4 to their pre-stroke functionality?

5 A Some subtle things, you know.

6 They're still having some stuttering speech.
 7 It could be some of it related to his anxiety,
 8 stress, whatever, stuttering speech, but his
 9 motor function is back to normal baseline.

10 That's what I mention. You know, this is,
 11 basically, what I feel.

12 Q Sure. You mentioned he was having
 13 issues with verbal issues and communication
 14 issues. Is that true?

15 A This is yes. He does have verbal
 16 issues, because he cannot talk, express
 17 himself. When he comes, stuttering a little
 18 bit. His wife, I remember, has been helping
 19 sometimes for things, but also because he has
 20 mini stroke in the brain. So he can have some
 21 issue with, you know, expressing himself
 22 properly or comprehending himself properly,
 23 also.

24 Q So you agree he was having some sort
 25 of communication issues because of the stroke

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| Page 46 | Page 48 |
|---|---|
| 1 in November or December 2018? | |
| 2 A Could be the stroke or because of the | 1 C E R T I F I C A T E |
| 3 other tiny stroke that he had. Because as I | 2 |
| 4 said, as I mentioned before, that he has on | 3 I, LORI L. MARINO, Certified Court |
| 5 the MRI, only showed acute stroke, but he had | 4 Reporter, in and for the State of Louisiana, |
| 6 also lacunar infarct bilateral. | 5 as the officer before whom this testimony was |
| 7 Q Is it possible that any anxiety or | 6 taken, do hereby certify that DR. MOHAMED RIAD |
| 8 stress he might have been having might have | 7 HAJMURAD, after having been duly sworn by me |
| 9 been caused by his experience with a stroke? | 8 upon authority of R.S. 37:2554, did testify as |
| 10 A Generally speaking, stroke it can | 9 hereinbefore set forth in the foregoing 47 |
| 11 cause depression. It can cause anxiety, and | 10 pages; that this testimony was reported by me |
| 12 over the time, it should get better. | 11 in the stenotype reporting method, was |
| 13 Sometimes very minor percentage, it might stay | 12 prepared and transcribed by me or under my |
| 14 but if patient has large stroke, you know, | 13 personal direction and supervision, and is a |
| 15 bigtime stroke, but of course, this is | 14 true and correct transcript to the best of my |
| 16 subjective and varies from person to person. | 15 ability and understanding; that the transcript |
| 17 Q Subjective impressions like that are | 16 has been prepared in compliance with |
| 18 part of the medical evaluation process? | 17 transcript format guidelines required by |
| 19 A Neuropsychology can be evaluation. | 18 statute or by rules of the board, that I have |
| 20 MR. LANSER: | 19 acted in compliance with the prohibition on |
| 21 I believe that's all the | 20 contractual relationships, as defined by |
| 22 questions I have. | 21 Louisiana Code of Civil Procedure Article 1434 |
| 23 MR. RICHARDSON: | 22 and in rules and advisory opinions of the |
| 24 I don't have any other | 23 board; that I am not related to counsel or to |
| 25 questions, Doctor. We're going to | 24 the parties herein, nor am I otherwise |
| | 25 interested in the outcome of this matter. |
| | 16 Dated this 17th day of September, 2020. |
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| | 21 LORI L. MARINO, CCR |
| | 22 CCR #87069 |
| | 23 STATE OF LOUISIANA |
| | 24 |
| | 25 |

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|---|--|
| 1 attach the medical records as Exhibit | |
| 2 1. Doctor, do you have a CV? Maybe, | |
| 3 we can attach this as Exhibit 2. | |
| 4 THE WITNESS: | |
| 5 Sure. | |
| 6 MR. RICHARDSON: | |
| 7 I'll get that from your office, | |
| 8 Doctor, and we'll attach that as | |
| 9 Exhibit 2. I think that's all the | |
| 10 questions we have. Doctor, thank you | |
| 11 for your time. | |
| 12 (The deposition was concluded at this time.) | |
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